## Summary of Benefits Report for Iowa, Medicaid InsureKidsNow.gov

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<b>Preventive Service</b>	es			
	Is the service Covered?	Frequency	List any service - specific limitations	
Cleanings	Yes	2 x year	Additional cleanings allowed when medically necessary and prior auth is obtained.	
Fluoride treatments (including fluoride varnishes)	Yes	up to 4 x year	Allowed four times per year without prior auth.	
Sealants (list any tooth-specific limits)	Yes	1 x every 3 years	Deciduous and permanent teeth only.	
Space maintainers	Yes	2 x year		
<b>Diagnostic Servic</b>	es		_	
	Is the service Covered?	Frequency	List any service - specific limitations	Recommended age of first visit ?
Oral health screening or assessment	Yes	1 x year	Screenings allowed by dental hygienists in public health settings.	
Dental examinations	Yes	2 x year		1 or within 6 months of first tooth eruption.
Assessment of risk for tooth decay	Yes			
X-Rays	Т			I
Bitewing	Yes	1 x year		
Full Mouth	Yes	1 x every 5 years		
Panoramic	Yes	1 x every 5 years		
<b>Treatment Service</b>	es			
	Is the service Covered?	Frequency	List any service - specific limitations	Criteria for coverage
Anti-microbial treatments that stop decay from spreading	No			
Fillings				
Silver amalgam	Yes			
Tooth colored composite	Yes			
Crowns/tooth caps				T
Stainless steel crowns	Yes		Limited to primary and permanent posterior teeth and anterior resin window for primary anterior teeth.	
Metal (only) crowns	No			
Metal/porcelain crowns	Yes - only with prior authorization		Only allow D2751 & D2791 unless a metal allergy is indicated.	
Porcelain (only) crowns	Yes - only with prior authorization		Only allow D2740.	
Root Canals (endodo	ntics)			
Root canals on baby teeth (pulpotomies)	Yes			
Root canals on permanent teeth	Yes			
Gum (periodontal) therapy	Yes - only with prior authorization			

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Treatment Services						
	Is the service Covered?	Frequency	List any service - specific limitations	Criteria for coverage		
Dentures						
Partial dentures	Yes - only with prior authorization		covered once every 5 years			
Complete dentures	Yes		Covered once every 5 years			
Bridges	Yes - only with prior authorization		Covered once every 5 years			
Orthodontics*						
Retainers (orthodontic)	Yes - only with prior authorization					
Braces	Yes - only with prior authorization			Salzmann Index Score of 26		
Oral surgery						
Simple extractions	Yes					
Surgical extractions	Yes					
Care of abscesses	Yes					
Cleft palate treatment	Yes - only with prior authorization					
Cancer treatment	No					
Treatment of fractures	Yes					
Biopsies	Yes					
Treatment of jaw joint problems (TMJ)	Yes - only with prior authorization					
Emergency room services provided by a dentist	No					
Inpatient Hospital Services	No					
Anesthesia						
General anesthesia	Yes		If billed with an approved oral surgery procedure			
Intravenous conscious sedation	Yes		If billed with an approved oral surgery procedure			
Non-intravenous conscious sedation	Yes		If billed with an approved oral surgery procedure			
Analgesia (nitrous oxide)	Yes					

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<sup>\*</sup> When this information is posted on the Insure Kids Now website, we will include a special note for orthodontic services explaining that parents and caretakers should work with their child's orthodontist to ensure that the treatment and payment terms and conditions are clear at the outset of treatment (for example, what happens in the case of a child who becomes ineligible for Medicaid or CHIP while he or she is undergoing orthodontic treatment?).